

CIVIL RIGHTS COMPLAINT  
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

MATTHEW ROMAIN 09002999  
Full name of plaintiff/prisoner ID#

Plaintiff,

JURY TRIAL DEMAND  
YES ☒ NO ☐

SEYBERT, J.

LINDSAY, A.

-against-  
NASSAU CO. POLICE DEPT ETL ALL  
P.O. BENJACOB SH #3212, DET LAURENCE SCHNEINBERG SH #984  
P.O. KEVIN VARGAS SH # P.O. ANTHONY RAYMOND,  
Enter full names of defendants P.O. RYAN LUNT, DET JEFFREY SCHILLING  
[Make sure those listed above are P.O. JUAN C. GIRON, JON DOE, JON DOE  
identical to those listed in Part III.] JON DOE, JON DOE, JOHN DOE

Defendants.

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes ( ) No (☒)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: \_\_\_\_\_

Defendants: \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county)

3. Docket Number: \_\_\_\_\_

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CIVIL RIGHTS COMPLAINT  
42 U.S.C. § 1983

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

U.S. DISTRICT COURT

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★

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MATTHEW ROMAIN 09002999  
Full name of plaintiff/prisoner ID#

LONG ISLAND OFFICE

Plaintiff,

JURY TRIAL DEMAND  
YES ☒ NO ☐

-against-

NASSAU CO POLICE DEPT ETL, ALL

P.O. BEN JACOB SH #3312, DET LAWRENCE SCHEINBERG SH #984

P.O. KEVIN VARGAS, P.O. ANTHONY RAYMOND, P.O. RYAN LINT

Enter full names of defendants DET JEFFREY SCHILLING

[Make sure those listed above are P.O. JUAN GIRON, JON DOE  
identical to those listed in Part III.] JON DOE, JON DOE, JON DOE, JON DOE

Defendants.  
-----X

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes ( ) No (☒)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: \_\_\_\_\_  
\_\_\_\_\_

Defendants: \_\_\_\_\_  
\_\_\_\_\_

2. Court (if federal court, name the district;  
if state court, name the county)

NASSAU COUNTY COURT

3. Docket Number: 01249N/09

4. Name of the Judge to whom case was assigned: \_\_\_\_\_

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

PENDING NOT CHALLENGING THE CRIMINAL CASE THROUGH 42 U.S.C. 1983 ONLY 8TH AMENDMENT VIOLATION

6. Approximate date of filing lawsuit: \_\_\_\_\_

7. Approximate date of disposition: \_\_\_\_\_

II. Place of Present Confinement: NASSAU COUNTY CORRECTIONAL FACILITY

A. Is there a prisoner grievance procedure in this institution? Yes (✓) No ( )

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes ( ) No (✓)

C. If your answer is YES,

1. What steps did you take? THE INCIDENT DID NOT OCCUR AT THE JAIL. THE INTERNAL AFFAIRS WAS NOTIFIED BUT GAVE POLICE THUMBS UP FOR THEIR ACTIONS.

2. What was the result? NONE

D. If your answer is NO, explain why not THE INCIDENT(S) WERE REPORTED TO INTERNAL AFFAIRS.

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes (✓) No ( )

F. If your answer is YES,

1. What steps did you take? I COMPLAINED AS SOON AS I WAS BROUGHT TO THE JAIL AT ADMISSIONS ABOUT THE BEATINGS I RECEIVED IN POLICE CUSTODY. I WAS TAKEN TO THE JAIL'S MEDICAL.

2. What was the result? I WAS TAKEN TO THE PRISON'S MEDICAL UNIT EVERYTHING IS DOCUMENTED AT THE JAIL AND AT THE NASSAU CO MEDICAL CENTER OF ALL INJURIES INFLICTED BY ALL DEFENDANTS NAMED HEREIN.

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff MATTHEW ROMAIN

Address 100 CARMEN AVENUE EAST MEADOW, NY 11554

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

POLICE OFFICER BENJACOB SH # 3312  
DUTCH BROADWAY 5TH PRECINT  
ELMONT NEW YORK

Defendant No. 2

DETECTIVE LAWRENCE SCHEINBERG SH # 984  
DUTCH BROADWAY 5TH PRECINT  
ELMONT NEW YORK

Defendant No. 3

P.O. KEVIN VARGAS  
DUTCH BROADWAY 5TH PRECINT  
ELMONT NEW YORK

Defendant No. 4

P.O. ANTHONY RAYMOND  
DUTCH BROADWAY 5TH PRECINT  
ELMONT NEW YORK

Defendant No. 5

P.O. RYAN LUNT  
DUTCH BROADWAY 5TH PRECINT  
ELMONT NEW YORK

SEE ATTACHED FOR REST OF DEFENDANTS

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

DETECTIVE JEFFREY SCHILLING  
DUTCH BROADWAY 5TH PRECINT  
ELMONT, NEW YORK

POLICE OFFICER JUAN C. GIRON  
DUTCH BROADWAY 5TH PRECINT  
ELMONT, NEW YORK

JON DOE  
DUTCH BROADWAY 5TH PRECINT  
ELMONT, NEW YORK

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ELMONT, NEW YORK

JON DOE  
DUTCH BROADWAY  
ELMONT, NEW YORK

JON DOE  
DUTCH BROADWAY 5TH PRECINT  
ELMONT, NEW YORK

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

ON OR ABOUT APRIL 4, 2009 PLAINTIFF WAS ARRESTED WITH ~~3~~ OTHER PEOPLE. ON APRIL 4, 2009 PLAINTIFF WAS TAKEN TO THE 5TH PRECINCT AND WAS SEVERELY BEATEN, DENIED WATER DENIED TO USE THE BATHROOM FOR A PERIOD THAT WAS MORE THAN 20 PLUS HOURS WITHOUT FOOD AND WATER. YOUR DEPONENT WAS PUNCHED AND BEATEN BY ALL POLICE OFFICERS INVOLVED. THE BEATINGS STARTED SHORTLY AFTER I WAS NOT IN THE PRESENCE OF THE NYPD. DETECTIVE LAWRENCE SCHEINBERG AND DETECTIVE JEFFREY SCHILLING WITNESSED THE BEATING AND DID NOTHING. I WAS TAKING TO THE BASEMENT OF THE FIFTH PRECINCT WHERE I WAS TOLD IF I DID NOT TALK THAT I WOULD NEVER SEE MY KIDS AGAIN. THE UNIFORMED OFFICERS NAMED SEE ATTACHED PAGE 4A

IV. A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

YES I RECEIVED MEDICAL TREATMENT BUT NOT WHAT I REQUESTED FROM THE POLICE AND CORRECTIONS. THE JAIL ONLY TOOK ME TO MEDICAL I WANTED TO GO TO THE HOSPITAL. I HAD: NECK, BACK, ABDOMINAL PAINS JAW, TOOTH KNOCKED <sup>OUT</sup> FROM PUNCHES. THE JAIL DID NOT TAKE ME TO THE MEDICAL <sup>CENTER</sup> I THINK THEY WERE PART OF A COVER UP. REFER TO JAIL NOTES AND THE JAIL MEDICAL RECORDS



HEREIN TOOK TURNS AS DEFENDANT WAS HANDCUFFED AND KICKED AND PUNCHED REPEATEDLY. THIS BEATING CONTINUED UNTIL APPROXIMATELY 9:00 AM IN THE MORNING, EVERYTIME I ASKED FOR SOMETHING TO DRINK I WAS TOLD NOT UNTIL YOU GIVE US THE STATEMENT OF WHAT WE WANT TO HEAR. IT WASNT UNTIL SHORTLY AFTER 9 AM MY BODY WAS HURTING I WAS EXHAUSTED HUNGRY AND SLEEPY. THE LAST AND FINAL TIME I WAS STOMPED WAS BY OFFICER BENJACOB AND OFFICER VARGAS, THE BOTH HAD ME DOWN ON THE FLOOR SOMEWHERE IN THE BASEMENT APPLYING PRESSURE TO MY NECK IN THE SLEEPER HOLD UNTIL I PASSED OUT THEY WOKE ME UP WITH SPLASHING ME WITH WATER. IT WAS NOT UNTIL THESE 2 OFFICERS TOLD ME IF I WAS NOT GOING TO GIVE A STATEMENT OF WHAT THE DETECTIVES WANTED TO HEAR THAT THEY WERE GOING TO STRIP ME NAKED CUFF ME BY MY HANDS AND FEET AND SODOMIRE ME WITH A METAL POLE. IT'S 3 1/2 HOURS LATER OF TORTURE FROM ALL OF THESE OFFICERS I FINALLY AGREED TO GIVE A STATEMENT. I WAS NOT GIVEN NOTHING TO EAT OR DRINK NOR WAS I ALLOWED TO USE THE BATHROOM. THIS IS CRUEL AND UNUSUAL PUNISHMENT. POLICE OFFICERS ONCE YOU ARE CUFFED UNDER ARREST EXCESSIVE FORCE SHOULD BE OVER. THESE ARE THE EVENTS THAT HAPPENED ON APRIL 4TH, 2009 IN THE NASSAU COUNTY POLICE DEPARTMENT 5TH PRECINT. THE VERY SAME POLICE DEPT DETECTIVE KARL SNEOLLERS IS FROM.

CONT PAGE 4A

V. Relief:

State what relief you are seeking if you prevail on your complaint.

PLAINTIFF WILL SEEK DAMAGES FOR PAIN AND SUFFERING  
IN THE AMOUNT OF \$200,000,000 MENTAL ANGUISH  
AND COMPENSATION DAMAGES IN THE AMOUNT LISTED  
ABOVE.

I declare under penalty of perjury that on APRIL 12, 2010, I delivered this  
(Date)  
complaint to prison authorities to be mailed to the United States District Court for the Eastern  
District of New York.

Signed this 12TH day of APRIL, 2010. I declare under penalty of  
perjury that the foregoing is true and correct.

Matthew Romain  
Signature of Plaintiff

NASSAU CORRECTIONAL FACILITY  
Name of Prison Facility

100 CARMEN AVENUE  
EAST MEADOW NEW YORK 11554

Address

09002999  
Prisoner ID#